

Lamont Hunter
PCT International Division
(703) 305-3586

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/070152	FILING DATE	
						APPLICANT(S)		
CLAIMS								
IND..	DEP.	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	
		IND.	DEP.	IND.	DEP.			
1		1				51		
2		1				52		
3		1				53		
4		1				54		
5		1				55		
6		1				56		
7		1				57		
8		1				58		
9		1				59		
10		1				60		
11		1				61		
12		1				62		
13		1				63		
14		1				64		
15		1				65		
16		1				66		
17		1				67		
18		1				68		
19		1				69		
20		1				70		
21		1				71		
22		1				72		
23		1				73		
24		1				74		
25		1				75		
26		1				76		
27		1				77		
28		1				78		
29		1				79		
30		1				80		
31		1				81		
32		1				82		
33		1				83		
34		1				84		
35		1				85		
36		1				86		
37		1				87		
38		1				88		
39		1				89		
40		1				90		
41		1				91		
42		1				92		
43		1				93		
44		1				94		
45		1				95		
46		1				96		
47		1				97		
48		1				98		
49		1				99		
50		1				100		
TOTAL IND.		1				TOTAL IND.		
TOTAL DEP.		1				TOTAL DEP.		
TOTAL CLAIMS		1				TOTAL CLAIMS		